



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Corporation2019 AmendedRECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

no fee

2018 NOV 13 AM 9:23

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 1685056		2. Exact name of the Corporation JAZZ & JASIM INC.	
3. Principal Office Address 391 Douglas Avenue		City Providence	State RI
		Zip 02908	
4. NAICS Code 445120	5. Brief description of the character of business conducted in Rhode Island Grocery Store		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>			
President Name Sohail I Khokhar		Vice-President Name G HULAM ZANIB	
Street Address 391 Douglas Ave		Street Address 44 EAST STREET, APT 1	
City Providence	State RI	City N. Attleboro	State MA
Zip 02909		Zip 02460	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment: <input type="checkbox"/>	
		NUMBER OF SHARES 500	CLASS/SERIES CWP
		PAR VALUE \$1.00	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
Name of Authorized Representative		Date 11/13/2018	
Signature of Authorized Representative 		FILED	
		NOV 13 2018	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY A.A. 9:23 AM



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

November 13, 2018 09:23 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

